

Southern Highlands Division
of General Practice Inc.

ANNUAL REPORT

for

2008-2009

Mission Statement

The mission of the Southern Highlands Division of General Practice is to work with and assist local general practitioners to provide optimum standards of primary health care, health education and health promotion to health consumers in the Wingecarribee Shire.

Report from the Chair

As the end of 2009 approaches, I wonder what the year has brought us in General Practice. How does one best summarise the last 12 months? The stream of chronic and complex care seems to be lapping at the sandbags on the levee banks. The high tide of Swine Flu seems to have passed, yet there is grim prediction of new surges next year. The Rudd Government and Health Minister Roxon have commissioned – and received – numerous reports on the organisation and funding of our primary care. Possible major changes to funding and organisation are foreshadowed – but nothing has actually happened. Great talk fests! Heated discussions! But nothing actually happened. GPs just keep on delivering more and more for proportionately less. The next 12 months will likely tell us much more.

I would be remiss in not mentioning the University of Wollongong medical students. While their presence in our practices, in our hospitals and at our CME evenings (there is hope for us all when med students still value a good free feed!) is wonderful to see, it is the energy and optimism that they bring with them that seems to invigorate our tired, old GPs. Indeed, Bowral Hospital and Southern Highlands Private Hospital are brimming with students – medical, nursing, pharmacy, and even work-experience high school students – and this demonstrates the high value accorded to our teachers – whether nurses, GPs or our specialist colleagues – and a real reason for existence of our local services.

I must again congratulate the Division of General Practice for their enthusiastic assistance and energy. On behalf of all our members, I therefore thank Warwick, Sally and all of our Division staff for all their cheerful achievement and endeavour on our behalf, as well as our Board and the many members who have contributed to our efforts. I would particularly like to thank Phil Yeo who as our Board consumer representative attends all our Board meetings and gives wonderful input to our considerations.

I wish you all the best for the Christmas season and the New Year, and recommend the Division's Annual Report to you.

Dr Vince Roche

**We gratefully acknowledge support from the
Commonwealth Department of Health and Ageing**

Management Report

Membership Profile

GP members as at June 30, 2009, numbered 64 – of which 22 were female and nine were registrars. There were 18 practices - four solo, 11 with two-five GPs, and three with six GPs or more. This GP workforce was serving a population of 46,000, of which 1.3% identified as indigenous.

Division Management

The Division Board was chaired by Dr Vince Roche, supported by Vice Chair Dr Penny Knowlden, Treasurer Dr Richard Hanbury and Directors Drs Ann Parker and Clive Cawthorne. Our Community Representative, Mr Phil Yeo, continued to participate in all Division Board meetings and provide valuable input.

The Division staff as at 30 June, 2009, comprised:

Executive Director – Dr Warwick Ruscoe

Deputy CEO and Admin/Finance Officer – Sally Pfahl

Diabetes Program Officer – Jill Snow

Diabetes Admin Assistant – Anne Rogers

Diabetes Admin Assistant – Colleen Johnston

Aged Care, Palliative Care and Practice Nurse Program Officer – Margaret Mogg

Palliative Care Officer – Jane Mahony

Mental Health Program Officer – Theresa Korman

Live Life Well Program and Immunisation Officer – Cheryl Jones

Live Life Well Program and Quality Use of Medicines Officer – Gail Forlonge

Live Life Well Program Officer – Lucy Davies

Cardiovascular Program Officer – Nerida Campbell

Manager, After Hours Service and Mental Health Admin – Julie Huntington

After Hours Service Receptionists – Anne Rogers, Raelene Daley, Jennifer Menzies, Freya Worne.

Sydney South West Integration Program Director – Stephen Crone

Sydney South West Integration Program Officers – Christine Frew and Chris Bulters

Key management issues during the year included receiving renewal of our full accreditation by the Australian Council on Healthcare Standards and reforming our finance control system. The latter involves the Directors having a direct role in controlling the movement of funds within the Division.

Diabetes Services

This year, the Division operated three programs in relation to diabetes. The first and second programs - for established type II diabetes and pre-diabetes – were operated by Jill Snow as usual and provided services to 1260 patients during the period. These programs were funded through the More Allied Health Services grant (MAHS). The workload for Jill has become excessive and the Division is planning changes to these services in 2009-2010 in order to provide her with assistance.

The third program was a rural pilot for the Sydney Diabetes Prevention Program – known as Live Life Well. It is modelled on the internationally highly regarded Finnish program to detect those at risk of developing type II diabetes and implement lifestyle changes in order to prevent it. Initially the recruitment target was 500 patients by December 2009, then reduced to 250 in June, however there is every expectation this number will be exceeded. Our Division has done well in comparison with the urban and outer urban pilot sites.

The Live Life Well program was also under the management of Jill Snow, assisted during the year by Cheryl Jones, Gail Forlonge and Lucy Davies, with Colleen Johnston providing administrative support.

Work continued during the year on perfecting the electronic transfer of data to our Cardiab database. It is hoped that this will be fully operative early in 2010.

Aged Care

The work of the Aged Care Panels continued despite the cessation of new funding. This GP/ Residential Aged Care Facility liaison activity is valued by all the participants and will in future be supported by the Division's core funds. Also supported was the quarterly Medication Advisory Committee meetings. Collaborative residential medication management reviews and case conferences were held in each facility with over 150 residents being reviewed.

The Aged Care Access Initiative provided 96 individual sessions of Allied Health input to residents. This included 18 treatment sessions from a Dental Hygienist after a dental review in the pilot Periodontal Program established at HarbisonCare, Moss Vale.

Rural Palliative Care Project

Major highlights were the establishment of the Link Nurse program with monthly education sessions, and focus groups with GPs, A&E and nursing staff in Milton Park ward. The employment of Jane Mahony CNC greatly assisted the roll out of an End of Life Care pathway. This care pathway was successfully trialled at The Abbey Nursing Home and the Southern Highlands Private Hospital. Additional education will be provided to GPs and RNs at the other facilities. A GP education needs survey and subsequent development of education sessions were undertaken. Liaison took place with social workers, counsellors and chaplaincy/pastoral care providers and a Spirituality Workshop was held in June.

Nursing in General Practice

There were 24 RNs and two ENs employed in nine GP practices during the period. The Division provided advice to GP practices regarding employment of nurses and information about education and professional matters, with a newsletter being provided monthly for Practice Nurses.

Ten education sessions were provided with an average of 11 Practice Nurses attending each session. A \$200 subsidy was provided through GP NSW for PNs to attend upskilling such as Immunisation and Well Women's Courses.

Mental Health Services

Theresa Korman provided 467 individual services to patients under the Mental Health Nurse Incentive Program. These patients were seen in our mental health consulting room at 83 Bowral Street. This location is also where we installed the Black Dog Institute's Mood Assessment Program (MAP). 25 patients underwent this assessment which assisted in identifying cases requiring treatment through their GP. The MAP is also under the management of Theresa Korman.

The Division funded 1648 individual psychology services under the Better Outcomes in Mental Health (BOMH) program during the year. This program was augmented during the period to include Peri-Natal Depression and continued to be popular. Funding of this program was not guaranteed beyond December 2009, however it was widely anticipated that the Department of Health would re-allocate funds in 2010 for this successful program.

94% of our GPs claimed either Medicare item 2710 or 2712 during the year.

Immunisation Support

Features of this activity included the following: 87% of data supply to ACIR was by electronic means with the remaining 13% by manual provision. This was an increase on the previous year. Practice childhood immunisation rates were generally in the 90% range.

The percentage of children in the 60-63 months age cohort who were fully immunised fell from 74% to 69% in the year. This was due to a small number of problem cases which Cheryl Jones was personally addressing. It would appear that our figures for this age cohort are generally in line with most other Divisions.

Pap Tests

As at March 2009, our Pap Smear rate was 64%. The rate for the State was 60%.

Exercise Physiology

The Chronic Care Activity Program (CAP), which targets a wide range of chronic illnesses, subsidised 77 patients in 2008-2009. This successful program relocated from the REO gym to the facility at Annesley during the year.

Workforce

The Wingecarribee Shire has been an area of workforce shortage on and off for some, however it is currently not so declared. The southern end of the Shire remained deficient in GP numbers. New GPs mainly located in the larger practices, particularly in Bowral. The Division maintains close contacts with our registrar training unit (City Coast Country Training) and the Graduate School of Medicine at the University of Wollongong. Maximum possible numbers of registrars and students were encouraged to the area.

After Hours Service

The Division continued to operate the After Hours Service which is based on a Clinic at peak times on weekends and public holidays and, at all other after hours times, telephone triage by a rostered GP who also provides house and nursing home calls when necessary.

During 2008-2009, 1362 patients were seen in the Clinic, as compared to 1319 in 2007-2008.

Continuing Professional Development

The Division provided seven CPD events during the year, covering various topics including diabetes, stroke and TIA management, common shoulder problems, vascular issues, palliative care and doctors' health.

Australian Better Health Initiative (ABHI)

This program operated in the South West Sydney Health Service Area under the title of the Sydney South West Integration Service (SSWIP). It is funded through the Division and headquartered in Liverpool. Dr Ruscoe chairs the Steering Committee for the Program.

The activities of the Program during the year included a new approach to diabetes education for 'low risk' cases by providing group education for these cases by specially trained community nurses and practice nurses. A similar approach is planned for cardiovascular disease.

Chronic disease self management; research into the use of hospital EDs by GPs; better Health Service / GP communications; and promotion of co-location of community nurses and GPs were also areas of activity.

The Audited Financial Reports for the year follow.

Dr Warwick Ruscoe